2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

Apr 20, 2005 8:00 am Secretary of State DOCUMENT # N96000000991 04-20-2005 90365 006 ****61.25 KLONDIKE BAPTIST CHURCH, INC. Principal Place of Business Mailing Address 7201 KLONDIKE RD. 7201 KLONDIKE RD. 50041490 PENSACOLA, FL 32526 PENSACOLA, FL 32526 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04172005 Chg-NP CR2E037 (10/03) Applied For City & State 4. FEI Number 59-3174481 City & State Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Regulred 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DANIEL, J. NIXON 3 W. GARDEN ST. Street Address (P.O. Box Number is Not Acceptable) SUITE 600 PENSACOLA, FL 32501 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee Is \$61.25 \$5.00 May Be П Trust Fund Contribution. Added to Fees Florida Department of State Due by May 1, 2005 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Delete Addition Change TITLE MIF John Cobb TISDALE, JOHN NAME NAME 7300 EIGHT MILE CREEK RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32526 CITY-ST-ZEP Addition ☐ Delete TITLE ☐ Change SEARLES, RICHARD NAME NAME STREET ADDRESS 8830 N. EIGHT MILE CREEK RD. STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32534 CITY-ST-ZIP ☐ Addition Detete TITLE ☐ Change TILE JACKSON, BILLY NAME, NAME STREET ADDRESS 7311 MOBILE HWY. STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32526 CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change Addition WEST, CLARENCE NAME NAME STREET ADDRESS 10446 TOWER RIDGE RD STREET ADDRESS PENSACOLA, FL 32526 CITY-ST-ZIP CITY-ST-ZIP TILLE ☐ Delete MLE Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Detete πпе Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

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